MDR: M4-02-4709-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 04/02/01?
   b. The request was received on 03/15/02.

II. EXHIBITS

1. Requestor, Exhibit I:
   a. TWCC-60 and Letter Requesting Dispute Resolution dated 05/16/02
   b. HCFA-1500s
   c. EOBs
   d. Medical Records
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:
   a. TWCC-60 and Response to a Request for Dispute Resolution dated 05/23/02
   b. HCFA-1500
   c. Audit summaries/EOB
   d. Medical Records
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 05/17/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 05/17/02. The response from the insurance carrier was received in the Division on 05/24/02. Based on 133.307 (i) the insurance carrier's response is timely.

4. Notice of Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case.

III. PARTIES' POSITIONS

1. Requestor: per TWCC-60
   "PLEASE SEE OPERATIVE REPORT. (IN WHICH PROCEDURE CODES ARE CLEARLY DOCUMENTED)"

2. Respondent: letter dated 05/23/02
   "It is this carrier's position the requester is due no reimbursement for the charges submitted under CPT codes 63090 and 63091 because the service, vertebral corpectomy,

is not documented and the medical necessity for the service is not documented. It is this carrier's position, the physician assistant is due no reimbursement for CPT code 22558 and 22585-65 because assistance with this procedure was already being provided in the form of a co-surgeon (Exhibit 7). Therefore, a third surgeon or assistant, was not necessary."

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 04/02/01/01.

2. The carrier's EOB has the denial "**N** – T, U DOCUMENTATION SUBMITTED DOES NOT SUBSTANTIATE THE SERVICE BILLED"

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MAR	REFERENCE	RATIONALE:
04/02/01	63090	$5100.00	$0.00	N	$4248.00	MFG, SGR (I)(D)(1)(a) & CPT descriptor	Medical documentation supports that the procedure was performed as billed. This procedure is the primary procedure and is to be reimbursed at 100% of MAR. Therefore, provider is entitled to **$4,248.00** reimbursement.
04/02/01	63091	$1200.00	$0.00	N	$708.00	MFG, SGR (I)(D)(2) & CPT descriptor	Medical documentation supports that the procedure was performed as billed. This procedure is only performed as an addition to another procedure and is to be reimbursed at 100% of MAR. Therefore, provider is entitled to **$708.00** reimbursement.
04/02/01	63030	$4300.00	$0.00	N	$3035.00	MFG, SGR (I)(D)(1)(b) & CPT descriptor	Medical documentation supports that the procedure was performed as billed. This procedure is a secondary procedure and is to be reimbursed at 50% of MAR. Therefore, provider is entitled to **$1,517.50** reimbursement.
04/02/01	63035	$1400.00	$0.00	N	$607.00	MFG, SGR (I)(D)(2) & CPT descriptor	Medical documentation supports that the procedure was performed as billed. This procedure is only performed as an addition to another procedure and is to be reimbursed at 100% of MAR. Therefore, provider is entitled to **$607.00** reimbursement.
04/02/01	22625	$4029.00	$2529.00		$2529.00	MFG, SGR (I)(D)(1)(b) & CPT descriptor	This CPT code requires review, although not listed on the TWCC-60 as part of the dispute. The carrier reimbursed this code as the primary procedure. Now that CPT code 63090 is considered the primary procedure, this code becomes a secondary procedure and should be reimbursed at 50% of MAR. Therefore, the carrier is due a credit of **$1,264.50** (amount reimbursed less 50%).
04/02/01	63090-85	$2550.00	$0.00	N	$424.80 ($4248.00 x 10%)	MFG, CPT & modifier descriptor	The medical documentation does not meet all the requirements of the modifier descriptor. Therefore, no reimbursement is recommended.
04/02/01	63091-85	$600.00	$0.00	N	$70.80 ($708.00 x 10%)	MFG, CPT & modifier descriptor	The medical documentation does not meet all the requirements of the modifier descriptor. Therefore, no reimbursement is recommended.
04/02/01	63030-85	$2150.00	$0.00	N	$303.50 ($3035.00 x 10%)	MFG, CPT & modifier descriptor	The medical documentation does not meet all the requirements of the modifier descriptor. Therefore, no reimbursement is recommended.
04/02/01	63035-85	$785.00	$0.00	N	$60.70 ($607.00 x 10%)	MFG, CPT & modifier descriptor	The medical documentation does not meet all the requirements of the modifier descriptor. Therefore, no reimbursement is recommended.
Totals		$22114.00	$2529.00				The Requestor is entitled to additional reimbursement of $5,816.00.

The above Findings and Decision are hereby issued this 11th day of October 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit $5,816.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 11th day of October 2002.

Carolyn Ollar
Medical Dispute Resolution Supervisor
Medical Review Division